

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature Agent Agent Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	To Salee Botts 9-21-12
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Wro Synder, Chief Police Christand Police Department	
100 Church Speed NE	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise
Cliveland, Til 37311	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7010 278	0 0003 1311 4820
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540
STATES AND STATES OF STATES	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X aryer or an Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery Received by (Printed Name) C. Date of Delivery G. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
John Francis Kimball	
P.O. Box 1169 Chwelin l. TN 37364.1169	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7010 276	80 0003 1311 4813
Value of the second sec	Return Receipt 102595-02-M-1540
	Name of the second seco
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Agent Addresse
so that we can return the card to you. Attach this card to the back of the mailpiece.	P. Seceived by (Printed Name) C. Date of Deliver
or on the front if space permits.	D. Is delivery address different from item 1? Yes
1. Weland Police Department P. O. Sox 1519	If YES, enter delivery address below: No
100 Church Freet NE	
Cloweland TH 37311	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7.01.0. 27	80 0003 1311 480b
(Transfer from service total)	מווחד עעכע כטטט סס